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RUEHZS/ASEAN REGIONAL FORUM COLLECTIVE

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RUEHPH/CDC ATLANTA GA

RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC

RUCPDOC/DEPT OF COMMERCE WASHINGTON DC

RUEAUSA/DEPT OF HHS WASHINGTON DC

RUEHSUN/USUN ROME IT

UNCLAS SECTION 01 OF 03 HANOI 002071

SIPDIS

SENSITIVE

SIPDIS

STATE FOR EAP/MLS, EAP/EP, INR, OES/STC, OES/IHA, MED
STATE PASS TO USAID FOR ANE AND GH

HHS/OSSI/DSI PASS TO OGHA (WSTIEGER/LVALDEZ/CHICKEY), FIC/NIH
(GLASS), FDA (MPLAISER)

CDC/COGH FOR SBLOUT/KMCCALL/RARTHUR, PASS TO NCZVED/DFBMD/EDEB
(RTAUXE/EMINTZ) AND GDD, IEIP, DEOC

USDA PASS TO APHIS, FAS (OSTA AND OCRA), FSIS

BANGKOK FOR RMO, CDC (MMALISON/SMALONEY/AHENDERSON), USAID/RDM/A
(CBOWES/JMACARTHUR), APHIS (NCARDENAS), REO (JWALLER)

BEIJING FOR HHS HEALTH ATTACHE (BROSS)

ROME FOR FAO

E.O. 12958: N/A

TAGS: [TBIO](#) [AMED](#) [AMGT](#) [CASC](#) [EAGR](#) [PINR](#) [VM](#)

SUBJECT: VIETNAM MARKS SUCCESSFUL CONTROL OF CHOLERA OUTBREAK

REF: A. HANOI 2012 B. HANOI 1954 C. HANOI 1953 D. HANOI 1924 E.
HANOI 1891

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¶11. (SBU) Summary. Vietnamese officials recently announced the successful control of the outbreak of cholera (or, as the Government of Vietnam more generally referred to it, "severe acute diarrhea") that began in late October. International public health experts agree with the GVN that Vietnam's quick and thorough response resulted in a short outbreak with relatively few victims and no deaths. The GVN's limited, though significant, outreach to the World Health Organization (WHO) for assistance, further builds public health linkages and likely portends greater cooperation and openness in the future. While Vietnam appears to have avoided a serious epidemic, health officials realize they will face future challenges in food and water-borne disease and must improve their capacity and responses. End Summary.

Vietnam Announces End of Chol..., um, Severe Acute
Diarrhea Outbreak

¶12. (U) At a public ceremony on December 10, Minister of Health Nguyen Quoc Trieu and other Vietnamese health officials announced the successful control of the outbreak of "severe acute diarrhea." According to GVN authorities, the outbreak started on October 23 with a 73 year old man in Hanoi and soon spread to 12 other provinces. Through October 31, public health authorities learned of 30 separate outbreaks and by November hospitals were admitting up to 200 severe diarrhea patients per day (ref D). In total, the GVN reported 1991 cases, of which 295 tested positive for cholera, and no deaths. Only one known non-Vietnamese national - a Japanese resident in Hanoi, tested positive for cholera after eating dog meat. Vietnamese officials believe "food safety" to be the likely cause of the outbreak. Though the National Institute of Health and Epidemiology (NIHE) reported that 78 percent of those with severe acute diarrhea had recently eaten shrimp paste or dog meat (which,

traditionally, are served together), GVN officials have yet to identify the source of the infection. Since November 25, no new cases have been reported. Therefore, at the December 10 ceremony, Vice Minister of Health Trinh Quan Huan stated that, per World Health Organization (WHO) rules, after 14 days with no apparent new victims, Vietnam could now declare the outbreak over.

When Is a Cholera Outbreak a Cholera Outbreak?

13. (SBU) Though the MOH early on acknowledged that several victims tested positive for cholera, the GVN infrequently referred publicly to the term and determined that international technical experts support a mission to control "severe acute diarrhea." Press headlines also used this term, though the text of newspaper and online articles clearly quoted GVN officials citing positive cholera test results. At the December 10 ceremony, Minister Trieu and Vice Minister Huan referred to Vietnam's response to cholera, though official reports of the ceremony again focused on "severe acute diarrhea." Per ref C, GVN officials likely decided to downplay the presence of cholera to protect the tourist and agricultural export sectors. At the same time, however, international experts noted that Vietnam should acknowledge the general cholera outbreak to better emphasize its successful response and to ensure that public health officials responding to future cholera outbreaks refer to the GVN's response to learn how to successfully manage an emergency situation.

GVN Responded Quickly and Thoroughly

14. (U) GVN officials described a multi-pronged approach to the outbreak and noted that they had learned from their experiences with SARS and avian influenza. The MOH responded to initial reports of an outbreak from Bach Mai Hospital in Hanoi by setting up a Central Committee for Dangerous Acute Diarrhea Prevention and Control, which

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met up to three times per day. The MOH then emphasized communication between central authorities, provinces, districts, and communes. Once public health authorities reported that many victims had tested positive for cholera, the Vietnamese political system, including the Communist Party, joined the public health sector to fight the disease. Central authorities and local People's Committees carried out a broad campaign to heighten citizen awareness of the outbreak, its symptoms, and how to improve personal and food hygiene to avoid infection. In accordance with its international commitments, the GVN notified international health authorities and subsequently sought international assistance.

Quick Response Led to Successful Control

15. (U) Minister Trieu stated that the Vietnamese controlled the outbreak in record time (about one month) and again emphasized that no one died from cholera during the outbreak. Cholera outbreaks, such as the one currently occurring in Iraq, normally last for over three months with an average two percent mortality rate. National Institute for Infectious and Tropical Diseases Deputy Director Tran Hong Ha earlier told international health care workers that Vietnam's rapid, aggressive, and comprehensive clinical intervention prevented a more serious and lengthy epidemic.

Limited, but Important, International Cooperation

16. (SBU) GVN officials publicly acknowledged the important support role played by international public health experts, particularly from the WHO. Despite some initial hesitancy, following a request by WHO for a briefing on the outbreak, the MOH on November 9 wrote to the WHO representative in Vietnam requesting assistance to develop community communication strategies, technical support for the "acute diarrhea" outbreak, and sample testing. Though the GVN careful circumscribed the responsibilities of international experts (ref C), the MOH provided significant information to the WHO and included WHO team members in the GVN response. Following proactive

communications from U.S. Centers for Disease Control and Prevention (CDC) to WHO, a Bangkok-based epidemiologist participated in the WHO team and helped set up a case-control epidemiological study (which will be partially funded by WHO) to determine the original source of the outbreak. CDC-Atlanta additionally provided laboratory materials to the GVN to use for continued surveillance.

Still a Need to Improve

¶7. (U) Despite Vietnam's successful response, officials noted that the threat of cholera still exists and that Vietnam faced a high possibility of reoccurrence of cases or of the emergence of other food and water-borne infectious diseases. These officials also acknowledged several structural weaknesses and environmental dangers they will need to address in future outbreaks, including Vietnam's inadequate food sanitation and hygiene protection (ref A).

Vietnam's limited medical assets were stretched thin and Minister Trieu noted to the press that due to limited availability, during the peak of the outbreak, patients had to share beds. Though the outbreak did not spread to the flooded central region, the GVN has only slowly been able to provide clean food and water to local residents (ref B), leaving ideal conditions for the spread of cholera or other diseases. NIITD's Ha admitted that had the outbreak occurred in poorer and more rural areas, Vietnam likely would have seen several deaths. Minister Trieu stated that all provinces, especially those in the flood-ravaged center of the country, needed to remain alert as Vietnam entered the Tet season when millions of people traveled throughout the country to return to their home villages.

Comment

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¶8. (SBU) Vietnam's successful response evidences growing public health capacity and competence. Though the GVN continues officially to refer to the outbreak as "severe acute diarrhea" and at times downplayed the presence of cholera, this public relations concern did not impact its actions. Additionally, the GVN continued slowly to allow greater participation in health crisis response efforts by international experts. This example of cooperation strengthens the likelihood for closer and more complete links in responses to future public health emergencies.

MICHALAK